

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001191</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>02/10/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARRISBURG INTERVENTIONAL PAIN MANAGEMENT CENTER, INC.</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>825 SIR THOMAS COURT HARRISBURG, PA 17109</b>		
STATE LICENSE NUMBER: <b>17801501</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0000	INITIAL COMMENT	Q 0000			
	<p>This report is the result of a full Medicare recertification survey conducted on February 10, 2023, at Harrisburg Interventional Pain Management Center. It was determined the facility was in substantial compliance with the requirements of 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers.</p> <p>It was also determined the facility was in compliance with 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers at 416.51(c)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff.</p>				
Q 0063		Q 0063			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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Q 0063	Continued from page 1  416.42(b) & (c) ADMINISTRATION OF ANESTHESIA  b) Anesthetics must be administered by only: (1) A qualified anesthesiologist; or (2) A physician qualified to administer anesthesia, a certified registered nurse anesthetist (CRNA) or an anesthesiologist's assistant as defined in §410.69(b) of this chapter, or a supervised trainee in an approved educational program. In those cases where a non-physician administers the anesthesia, unless exempted in accordance with paragraph (c) of this section, the anesthetist must be under the supervision of the operating physician, and in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist.  (c) State Exemption (1) An ASC may be exempted from the requirement for physician supervision of CRNAs as described in paragraph (b)(2) of this section, if the State in which the ASC is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with State law.	Q 0063	Conscious Sedation Anesthetics at Harrisburg Interventional Pain Management Center will be administered by a qualified Anesthesiologist, a Physician qualified and credentialed to administer anesthesia, or a Certified Registered Nurse Anesthetist under the supervision of the operating physician. No other providers or staff members will administer this type of medication. An anesthesia record will continue to be maintained that will include vital signs, and all events taken place during the procedure involving sedation including the dosage and duration of the anesthetic agent, IV fluids given, heart rhythm, and LOC.  All nursing staff will be in-serviced immediately on this change.  DON(Director of Nursing) is responsible for monthly chart checks of all sedation patients as well as implementation of plan of correction.  Corrective Action: Immediately	Completion Date: <b>02/24/2023</b> Status: <b>APPROVED</b> Date: <b>02/27/2023</b>	

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Q 0063	Continued from page 2  (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.  This REQUIREMENT is not met as evidenced by:	Q 0063			

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Q 0063	<p>Continued from page 3</p> <p>Based on review of facility documents, medical records (MR), and interview with staff (EMP), it was determined that the facility failed to ensure that anesthetics were administered by an Anesthesiologist, a Physician qualified to administer anesthesia or a Certified Registered Nurse Anesthetist (CRNA) as defined in §410.69(b) for patients receiving conscious sedation in 4 of 20 medical records reviewed (MR1, MR2, MR3, MR4).</p> <p>Finding Include:</p> <p>Review of the facility's Policy and Procedure Manual "Administration and Monitoring of IVCS" (IV Conscious Sedation) with a revision date of 11/11/05, outlines "IVCS will be administered by an RN (Registered Nurse) under the direction of a physician." Policy and Procedures failed to reveal the need for anesthetic agents to be administered by an Anesthesiologist, CRNA, or Physician.</p> <p>Review of MR1, MR2, MR3, MR4, revealed an</p>	Q 0063			

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Q 0063	Continued from page 4  RN administered IV Versed (a medication used for sedation) for conscious sedation.  Interview on February 10, 2023, at approximately 12:00 PM with EMP1 confirmed that in MR1, MR2, MR3, and MR4 a RN administered IVCS. Further interview revealed that it is the facilities normal practice to have RNs administer IV conscious sedation.	Q 0063			

Pennsylvania Department of Health

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S 0000	INITIAL COMMENT	S 0000			
	This report is the result of a State licensure survey conducted on February 10, 2023, at Harrisburg Interventional Pain Management Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.				
S 5553		S 5553			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 5553	Continued from page 1  555.32 (a) Administration of Anesthesia  Anesthesia Services  555.32 Administration of anesthesia  (a) Anesthetics shall be administered by anesthesiologists and certified registered nurse anesthetist and dentist anesthetists as defined in 551.3 (relating to definitions).  This REGULATION is not met as evidenced by:	S 5553	Conscious Sedation Anesthetics at Harrisburg Interventional Pain Management Center will be administered by a qualified Anesthesiologist, a Physician qualified and credentialed to administer anesthesia, or a Certified Registered Nurse Anesthetist under the supervision of the operating physician. No other providers or staff members will administer this type of medication. An anesthesia record will continue to be maintained that will include vital signs, and all events taken place during the procedure involving sedation including the dosage and duration of the anesthetic agent, IV fluids given, heart rhythm, and LOC.  All nursing staff will be in-serviced immediately on this change.  DON(Director of Nursing) is responsible for monthly chart checks of all sedation patients as well as implementation of plan of correction.  Corrective Action: Immediately	Completion Date: <b>02/24/2023</b> Status: <b>APPROVED</b> Date: <b>02/27/2023</b>	

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S 5553	<p>Continued from page 2</p> <p>Based on review of facility documents, medical records (MR), and interview with staff (EMP), it was determined that the facility failed to ensure that anesthetics were administered by an Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Practitioner as defined in 551.3 for patients receiving conscious sedation in 4 of 20 medical records reviewed (MR1, MR2, MR3, MR4).</p> <p>Finding Include:</p> <p>Review of the facility's Policy and Procedure Manual "Administration and Monitoring of IVCS" (IV Conscious Sedation) with a revision date of 11/11/05, outlines "IVCS will be administered by an RN (Registered Nurse) under the direction of a physician." Policy and Procedures failed to reveal the need for anesthetic agents to be administered by an Anesthesiologist, CRNA, or Physician.</p> <p>Review of MR1, MR2, MR3, MR4, revealed an RN administered IV Versed (a medication used for</p>	S 5553			



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S 5553	Continued from page 3  sedation) for conscious sedation.  Interview on February 10, 2023, at approximately 12:00 PM with EMP1 confirmed that in MR1, MR2, MR3, and MR4 a RN administered IVCS. Further interview revealed that it is the facilities normal practice to have RNs administer IV conscious sedation.	S 5553			



# Certified End Page

**HARRISBURG INTERVENTIONAL PAIN MANAGEMENT CENTER, INC.**

**STATE LICENSE NUMBER: 17801501**

**SURVEY EXIT DATE: 02/10/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY